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CONFIRMATION NO. 4924

<b>SERIAL NUMBER</b> 09/986,050	<b>FILING OR 371(c) DATE</b> 10/22/2001 <b>RULE</b>	<b>CLASS</b> 005	<b>GROUP ART UNIT</b> 3673	<b>ATTORNEY DOCKET NO.</b>
<b>APPLICANTS</b> Geoffrey Roy Fernie, Etobicoke, CANADA; Gerald T. Griggs, Scarborough, CANADA;				
<b>** CONTINUING DATA *****</b> This application is a CON of 09/420,648 10/19/1999 ABN which is a CON of 08/964,999 11/05/1997 ABN				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> ** 11/27/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		<b>STATE OR COUNTRY</b> CANADA	<b>SHEETS DRAWING</b> 14	<b>TOTAL CLAIMS</b> 62
Examiner's Signature _____ Initials _____			<b>INDEPENDENT CLAIMS</b> 5	
<b>ADDRESS</b> THOMAS A. O'ROURKE Bodner & O'Rourke, LLP 425 Broadhollow Road Suite 108 Melville ,NY 11747				
<b>TITLE</b> PATIENT TRANSFER DEVICE				
<b>FILING FEE RECEIVED</b> 1214	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	